

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10053

-62-040532  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

VS 300  
Rev. 4/59

1

3

4 0

5 1

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7 1

8 2

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10

11

1252-0

13

52

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **ST. LOUIS, MISSOURI**

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **ILL.** b. COUNTY

c. CITY OR TOWN **ARTHUR**

Inside Limits  
Yes ☐ No ☐

d. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**R.R. 1**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

DATE OF DEATH

Month

Day

Year

**STEPHEN**

**M.**

**MILLER**

**OCTOBER**

**19**

**1962**

## 5. SEX

**M**

## 6. COLOR OR RACE

**W**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**9-29-1932**

## 9. AGE (last birthday)

**30**

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**CABINET MAKER**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**Arthur, ILL.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**MENNO MILLER**

## 13b. MOTHER'S MAIDEN NAME

**Fannie Beachy**

## 14. NAME OF HUSBAND OR WIFE

**Sarah Miller**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 17. INFORMANT

Address

**Sarah Miller Arthur, Illinois**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **INTRACEREBRAL HEMORRHAGE**

INTERVAL BETWEEN ONSET AND DEATH  
**3 DAYS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **RUPTURED INTRACRANIAL ANEURYSM, LOCATION**

**UNDETERMINED**

**UNDETERMINED**

DUE TO (c) **330X**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCT. 17, 1962** to **OCT. 19, 1962** and last saw her him alive on **OCT. 19, 1962**

Death occurred at **10:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**C.D. Vermillion, M.D.**

## 22b. ADDRESS

**BARNES HOSPITAL**

## 22c. DATE SIGNED

**10/19/62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**REMOVAL**

## 23b. DATE

**10-19-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**MILLER CEMETERY**

## 23d. LOCATION (City, town, or county)

**ARTHUR ILL.**

## 24. FUNERAL DIRECTOR

ADDRESS

**C.R. FLEHING - ARTHUR ILL.**

## 25. DATE RECD. BY LOCAL REG.

**OCT 19 1962**

## 26. REGISTRAR'S SIGNATURE

**Good Smith, M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Clarence H. Murray*

Licensed Embalmer No. 4011

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.